Begin from where you are

Use this with the at-home recovery article. There is a completed illustration here, followed by a starting map, practice plan and review. You do not need to finish it in one sitting.

A worked illustration - not a patient story

Something that matters: Aoife would like to put a birthday card in the post box herself.

Current starting point: She can open the front door, but usually turns back before the gate.

Prediction: "If my legs feel unsteady at the gate, I will be unable to walk back." This example concerns familiar anxiety, not unexplained falls or new symptoms.

One practice: Walk to the gate with an empty envelope, notice the number on the neighbouring house, and return. If the gate is too much, begin at the doorstep instead.

Support kept: Ordinary footwear, any needed mobility support, and a phone in a pocket. No change to prescribed medication.

One extra rule to question: Repeatedly asking her sister whether she is safe. Her sister stays available under an agreed plan, without repeated reassurance.

Illustrative outcome: "My legs felt unsteady. I reached the gate and walked back. I was still anxious. I have not tested the post box yet."

A useful next decision: Repeat this step or adjust it. This single example does not set a timetable or predict anyone else's response.

Keep essential healthcare, disability support and everyday safety precautions. Do not use practice to test whether a medical symptom is harmless. Seek appropriate care for new or severe symptoms. In an immediate emergency, call 999 or 112.

The examples are illustrative, not patient stories. These worksheets are not diagnostic assessments.

Read more at MyTherapist.ie

Map your starting point

Write about what fear is restricting, not what you think you should already be able to do. The categories describe your experience; they do not label places as objectively safe or dangerous.

What would I like to do again?

Choose an ordinary activity that matters to you.

What can I currently manage?

Include support or access arrangements you genuinely need.

What feels difficult but possible to practise?

A smaller part of the activity can be enough.

What is too much to attempt for now?

This is a planning category, not a permanent limit.

What health, access, practical or personal needs must the plan respect?

Medication, mobility aids, fatigue limits and consent remain important.

Plan one manageable practice

Make a brief plan before starting. Choose a task you freely agree to try. No particular anxiety score, distance or duration is required.

What exactly will I do, and where will it finish?

An observable action is more useful than "try to be calm".

What specifically do I predict will happen?

Separate feeling anxious from the consequence you fear.

What would I need to notice to learn about that prediction?

Do not check your body repeatedly. Notice the task and what actually happens.

What essential support or safety measures will I keep?

Is there one unnecessary checking or reassurance habit to reduce?

Only choose a change that fits your circumstances; support is not failure.

What smaller step or change of plan is available?

Medical symptoms, genuine danger and consent take priority.

Record learning, not a verdict

Keep this brief. You can use a fresh copy for another outing. These notes are not a score of recovery, and they do not need to become another checking ritual.

What did I actually do?

Record part-completion honestly too.

What happened to the prediction?

What occurred, what did not, and what remains untested?

What did I learn about the situation or my response?

Feeling anxious and being unable to act are not automatically the same.

What will I repeat, simplify or vary next?

Change one useful part rather than making everything harder.

When might I practise again, and what support or review do I need?

Use a realistic plan, not a deadline to recover.

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